

Changes to your 2005 Basic Health Member Handbook

This *2005 Basic Health Member Handbook* is your certificate of coverage—the legal document that describes the Basic Health program and benefits, and outlines your rights and responsibilities.

This *Hot Policy Page* serves as a legal addendum to your *2005 Basic Health Member Handbook*. It is important that you keep it with your handbook, as the following information either amends or clarifies your handbook. The changes indicated below are effective January 1, 2005.

- **Orthopedic shoes and routine foot care are not covered**

This item was left off the list of “Exclusions,” beginning on page 38 of your *2005 Basic Health Member Handbook*. Please understand that “Orthopedic shoes and routine foot care” continues to be an exclusion, and that **Basic Health will not cover these services.**

- **Clarification to the inpatient hospital stay benefit**

The chart on page 36 of the *2005 Basic Health Member Handbook* explains benefits and services subject to the deductible and coinsurance. Please note that an inpatient hospital stay is covered as explained there, but that **there are no charges for maternity care, or when readmitted for the same condition within 90 days.**

- **Clarification to Basic Health’s recertification process**

Page 13 of the Member Handbook describes Basic Health’s recertification process. Please note that if you receive a recertification notice, **Basic Health must receive all documentation requested by the due date given.**

- **Clarification to making family changes**

Pages 11 and 12 of the Member Handbook explain how to enroll a new family member on your account. Basic Health must receive applications for new members who are to be added for coverage in the timeframes indicated (within 30 days of the date of marriage, within 60 days of birth or placement for adoption, and within 30 days for other dependents, as shown on page 12). Notifying Basic Health of the change is not enough—we must have your application in our office within these timeframes.

Cost-sharing for 2005

Remember that deductible and out-of-pocket maximums for each covered family member started over beginning January 1, 2005, for those benefits and services subject to deductible and coinsurance.

Other reminders about your cost-sharing responsibilities:

- In most cases, copays are \$15 for doctor visits and \$100 for emergency room visits.
- There is a \$150 deductible for certain covered medical costs before your health plan pays the 80 percent coinsurance.

Recertification and tax returns

If you receive information from us explaining that you've been selected for "recertification," don't delay sending in your recertification information—even if you haven't yet done your taxes for 2004. If it's before April 15, 2005, and you haven't filed your 2004 taxes, include a copy of your 2003 taxes. If after April 15, send a copy of your 2004 taxes or extension.

If you're having trouble gathering all the information you need to complete a recertification (for example, you're waiting for verification of nonfiling from the IRS), be sure to send what you have before the due date and tell us what you're having trouble getting.

Other things to remember:

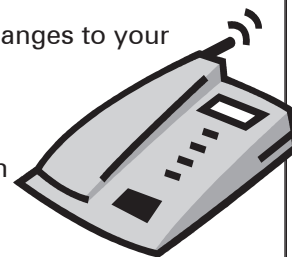
- Be sure your proof of Washington State residence includes your name and current physical address. Documentation with only a post office box address can't be accepted for proof of residence.
- Be sure to include copies of pay stubs to show your income for the most recent 30 days or full calendar month. If you didn't work for part of the month and didn't get unemployment compensation during that time, explain any gap in income documentation.
- If you have no income to report, include the completed "no income" statement on the income worksheet.
- Don't forget to include the completed and signed recertification form.

Please note that providing your social security number to Basic Health is completely voluntary. However, if we do not have your social security number on file, we will be required to recertify your account every six months, rather than just once a year.

Call Basic Health's 24-hour, self-service phone line, 1-800-842-7712, to:

- Request forms to report changes to your account.
- Verify enrollment status.
- Check to see if Basic Health received documents or information.
- Find out if Basic Health has received your payment. (You cannot pay premiums by phone.)
- Check on premium payment due dates. (Premium amounts cannot be given out on the self-service line.)
- Get directions to our office.

Be sure to have your account number ready. This is usually your social security number, and is on correspondence you receive from Basic Health.



Or use e-Coverage on our Web site (www.basichealth.hca.wa.gov) to:

- Check your enrollment information.
- Verify your health plan.
- Verify your monthly premium amount.



Please note that it can take several days before the documents you send will appear on our system or be accessible to our staff.

Group members: Your employer or sponsor may be able to help you. And, remember to keep your employer or sponsor informed of any changes you make to your Basic Health account.

This serves as official notice of changes to your Basic Health coverage, and is an addendum to your *Member Handbook*.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224. 한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.